



**DEPARTMENT OF PROCUREMENT MANAGEMENT (DPM)
SMALL BUSINESS ENTERPRISE PROGRAMS**

PART 1: CERTIFICATION RENEWAL AFFIDAVIT DECLARATION

This declaration is executed under penalty of perjury of the laws of the United States and the State of Florida

Name of Business: _____ Contact Person: _____

Telephone: _____ Fax: _____ Cell: _____ E-Mail: _____

Address: ☐ Check if new _____ Mailing Address (if different) _____

Previous Business Name: _____ Current County Commissioner District #: _____

Check Certification Renewal Requested: ☐ Community Small Business Enterprise (CSBE) ☐ Community Business Enterprise (CBE)
☐ Micro/Small Business Enterprise (Micro/SBE) ☐ Local Developing Business (LDB)

The following applicable (*checked*) items are included with the return of this affidavit:

1. ☐ BUSINESS TAX RETURNS FOR THIS BUSINESS AND ALL AFFILIATED BUSINESSES FOR THE CURRENT YEAR
☐ I/WE HAVE NO AFFILIATES (CPA/Officer signed copy of Form 1120, 1120S, 1065 or a signed copy of Schedule C)
2. ☐ CURRENT BUSINESS, LOCAL BUSINESS TAX RECEIPT, PROFESSIONAL LICENSES AND CERTIFICATIONS
3. ☐ UPDATED LEASE OR EQUIVALENT (i.e. warranty deed, landlord letter, last three months of cancelled checks for rent)
4. ☐ PROOF OF CHANGES TO OWNERSHIP, ADDRESS, COMPANY NAME, TRADE (i.e. license, local business tax, stock distribution, lease)

PART II: CERTIFICATION RENEWAL NO CHANGE AFFIDAVIT

(Note: A Status Change Request Form is required for changes in ownership, add/delete trades, company name and add/delete business enterprise)

I _____ declare that there have been no changes in _____

(Name of Owner)

(Firm's Name)

affecting its ability to meet the size limits of the Small Business Programs, including affiliates.

CSBE Personal Net Worth (PNW) – Construction Firms Only (Print additional copy if needed)

Owner's Name	% of Ownership	PNW (\$ Amount)	Qualifier Y/N
_____	_____	_____	_____
Owner's Name	% of Ownership	PNW (\$ Amount)	Qualifier Y/N
_____	_____	_____	_____
Owner's Name	% of Ownership	PNW (\$ Amount)	Qualifier Y/N
_____	_____	_____	_____

I further declare there have been no material changes (i.e. ownership, control and business location requirements of DPM Programs) in the information provided with my original certification.

STATE OF FLORIDA:

COUNTY OF MIAMI-DADE:

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgement personally appeared _____, who being first duly sworn, deposes and affirms that the provided information statements are true and correct to the best of his/her knowledge, information and belief.

Signature of Owner

SWORN TO and subscribe before me this _____ day of _____, 20__ by _____
(Name of Affiant)

NOTARY PUBLIC State of Florida at Large
My Commission Expires: _____

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR, SUB-CONTRACTOR, VENDOR OR SUB VENDOR TO CIVIL OR CRIMINAL PROSECUTION. SEE CHAPTER 837, SECTION 337.012, TITLE 32 OF FLORIDA STATE CODE



Department of Small Business Development (SBD)

Business Assistance Quick Profile & Planning Survey

Please return with your new or re-certification documentation

Tell Us About Your Business Are you certified in Miami-Dade County's Local Small Business Program(s)? Yes _____ No _____	Do you need assistance? Yes _____ No _____
Name of Business: _____ Your Name: _____ Contact Telephone number(s): Business: _____ Cell: _____ Business Address: _____ Street City State Zip Commissioner District # _____ http://www.miamidade.gov/commiss/ E-Mail Address: _____ How long have you been in business? Less than 1 year _____ 1 – 3 years _____ More than 3 years _____ Type of Business: Construction _____ Goods & Services _____ Architect/Engineer _____ Retail _____ Distribution _____ Manufacturing _____ Technology _____ # of Employees _____ Bonding Capacity: _____ Legal Structure of Business Sole Proprietary _____ Partnership _____ Limited Liability Corporation _____ S-Corporation _____ C-Corporation _____	If yes, please check desired services: Business Counseling _____ Workshop/Classes _____ Business Plan _____ Marketing _____ Credit Repair _____ Legal Counseling _____ Financing _____ Accounting _____ Bonding _____ Employee Recruitment _____ Tax Credit Information _____ Insurance (Health/Other) _____ Other _____ Are you interested in participating in periodic Roundtable Mentoring Sessions with other small business owners? Yes _____ No _____ Do you belong to a Chamber of Commerce or Industry Association/Organization? Yes _____ No _____ If yes, please indicate below: _____ _____ _____

Delivering Excellence Every Day